



TOWN OF ISLIP

OFFICE OF THE TOWN CLERK

REGINA V. DUFFY
TOWN CLERK & REGISTRAR

Information on How to Obtain a Birth Certificate

FEES: \$10.00 PER COPY

General Instructions

- Use this application only if you are the person named on the birth certificate or that person's parents.
- Use this application only if the birth occurred in the Town of Islip.
- Do not use this application for genealogy requests
- Print a copy of this application, complete and sign.
- Mail application with a money order and a copy of any required documentation or bring in person with cash or money order and any required documentation (see below)

Identification requirements -Application **MUST** be submitted with copies of either A or B.

- A. One (1) of the following forms of valid photo-ID:
- Driver license
 - Non-driver license
 - Passport
 - Military ID
- B. Two (2) of the following showing the applicant's name and address:
- Utility bills or telephone bills for two consecutive months
 - Letter from a government agency dated within the last six months

Fees: The fee is \$10.00 per copy. If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded.

Mail requests: Completed requests will be returned by first class mail unless a pre-paid return mailer is provided. We do not accept pre-paid enveloped from UPS. We will accept a pre-paid envelope from Federal Express or the United States post office only. Mail requests will take up to two (2) to three (3) weeks once received.

In person request: If the applicant has a notarized authorization to obtain the record on behalf of an eligible individual, the original notarized authorization statement and a copy of their ID from the eligible individual must accompany the request.

Completing the Form: Once you have completed form, print and sign it. Bring or mail to **Town of Islip Registrar Dept., 655 Main St., Islip, NY 11751** along with money order made payable to "Town of Islip" and any other required documentation. If you bring in the application cash is accepted, but do not send cash through the mail.

Attorney copies: Requests must be made on letterhead and must include all vital information with proper legal cause. Attorney must sign letter and mail with a copy of their driver's license and bar association card if applicable. Payment may be made with your business check.

Note-In the event that the applicant's last name on the identification differs from the information on the certificate a copy of the applicant's birth certificate, marriage certificate, and legal name change paperwork must accompany the request. The exception would be if you are currently married and are requesting your own birth certificate.



TOWN OF ISLIP
REGISTRAR OFFICE

Application for Copy of Birth Certificate

Required ID must be included with application. Make money order payable to **Town of Islip**. Do not send cash in the mail.

Mail to: **Town of Islip
Registrar
655 Main Street
Islip NY 11751**

Acknowledgement of Paternity _____ copies: No Charge

Birth Certificate _____ copies: \$10 each

Name: (as listed on birth certificate)

Date of Birth:

First

Middle

Last

(mm / dd / yyyy)

Town, city or village where birth occurred:

Name of hospital where birth occurred: (If known)

Maiden Name of Mother: (as listed on birth certificate)

Birth Certificate No.:
(If known)

First

Middle

Maiden Last

Local Registration No.:
(If known)

Father: (as listed on birth certificate)

First

Middle

Last

Purpose for which
Record is Required:
(Check one)

- ☐ Passport
☐ Social Security
☐ Retirement
☐ Other (specify) _____

- ☐ Employment
☐ Working Papers
☐ School entrance

- ☐ Drivers license
☐ Marriage license
☐ Welfare assistance

- ☐ Veteran's benefits
☐ Court proceeding
☐ Entrance into
Armed Forces

What is your relationship to person whose
record is required? (If self, state "SELF".)

If attorney, give name and relationship of your client to person whose record is required:

This office requires written authorization of the person/parents whose record is requested.

Signature of Applicant:

Date Signed:

| | | |
|-------|-----|------|
| Month | Day | Year |
| | | |

Registrar use only

☐ No record

☐ Cash

☐ Mo # _____

Address of Applicant:

(Applicant's Name)

(Street)

(City)

(State)

(Zip)

Telephone No.: () _____

Please print or type the name and address where record
should be sent: (If delivery is to a P.O. Box or third party, you must submit
with this application a **notarized** statement signed by the applicant and a copy of
the applicant's drivers license.)

(Name)

(Street)

(City)

(State)

(Zip)